COR	BINED DECLARATION	ATTORNEY'S DOCKET NUMBER						
(include	es Reference to PCT International Applica	640100-416						
				Custo	mer No.: 271	62 		
	As a below named in	ventor, I hereby declare that:						
Муг	My residence, post office address and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
USES OF FIBROBLASTS OR SUPERNATANTS FROM FIBROBLASTS FOR THE SUPPRESSION OF IMMUNE RESPONSES IN TRANSPLANTATION								
the specification of which (check only one item below):								
	is attached hereto.							
	was filed as United State Serial No.	es application						
	on and was amended on	(if applicable)						
⊠	was filed as PCT interna	tional application						
	Number PCT/US99/259	63						
	on 4 NOVEMBER and was amended under on (if applicab	r PCT Article 19 .						
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.								
I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).								
I hereby claim foreign priority benefits under Title 35 United States Code §119 of any foreign application(s) for patent or inventor's								
		national application(s) designating a ow any foreign application(s) for p						
		itry other than the United States of						
before that of the application(s) of which priority is claimed:								
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:								
	COUNTRY	APPLICATION NUMBER	DATE OF FILING		PRIORITY C		1	
'	(if PCT indicate PCT)		(day, month, year)		UNDER 35 U			
					YES		NO	
					YES		NO	
					YES		NO	
					YES		NO	
					YES		NO	

## COMBINED DECLARATION FOR PAT

## APPLICATION AND POWER OF ATTOK

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 640100-416

Customer No.: 27162.

I hereby claim the benefit under Title 35, United States Code, §120 or § 119 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which

	raph of Title 35, United Stat etween the filing date of the						of Federal Regulations,	§1.56(a) which		
	U.S. APPLICATION 120 or U.S.C. 119:	(S) OR PCT INTE	RNATIC	NAL APPL	ICATIONS DESIG	NATING THE U	.S. FOR BENEFIT	UNDER 35		
U.S. APPLICATIONS						STATUS (Check one)				
	U.S. APPLICATION	NO.	U.S. FILING DATE		PATENTED	PENDING	ABANDONED			
60/108,234			November 13, 1998		13, 1998			⊠		
PCT APPLICATIONS DES			IGNATING THE U.S.							
PCT APPLICATION NO. PCT FILING D			ATE U.S. SERIAL NUMBERS ASSIGNED (if any)							
PCT/US99/25963 4 NOVEMBER							☒			
the Paten (Reg. N	OF ATTORNEY: As a r at and Trademark Office to. 22,746); Elliot M. Reg. No. 33,389), Fra	connected therewith	. (List nar o. 24,025	me and registr 5); Raymon	ration number) Jo d J. Lillie (Reg. No	hn N. Bain ( Re 5. 31,778); Willia	g. No. 18,651); Jol ım Squire (Reg. N	hn G. Gilfillan III		
Send Cor	respondence to: Ra	aymond J. Lillie, E	sq.	g.			Direct Telephone Calls to:			
	Carella, By	me, Bain, Gilfillar	n, Cecchi, Stewart & Olstein and, New Jersey 07068			(name and telephone number) (973) 994-1700				
201	FULL NAME OF INVENTOR	FAMILY NAME MC INTOSH					SECOND GIVEN NAME R.			
,	RESIDENCE & CITIZENSHIP	CITY Ellicott City			STATE OR FOREIGN COUNTRY  Maryland		COUNTRY OF CITIZENSHIP U.S.A.			
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4225 Blue Barrow Ride		CITY Ellicott City		STATE & ZIP CODE/COUNTRY Maryland 21042				
202	FULL NAME OF INVENTOR	FAMILY NAME MOSCA		FIRST GIVEN NAME Joseph		SECOND GIVEN NAME  D.				
	RESIDENCE & CITIZENSHIP	CITY Ellicott City			STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZENSHIP U.S.A. STATE & ZIP CODE/COUNTRY Maryland 21042			
	POST OFFICE ADDRESS	POST OFFICE ADD			CITY Ellicott City					
203	FULL NAME OF INVENTOR	FAMILY NAME KLYUSHNENKOVA		FIRST GIVEN NAME Elena		SECOND GIVEN NAME  N.				
	RESIDENCE & CITIZENSHIP	CITY Baltimore			STATE OR FOREIGN COUNTRY  Maryland		COUNTRY OF CITIZENSHIP Russia			
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 9005 Moonstone Road			CITY Baltimore		STATE & ZIP CODE/COUNTRY Maryland 21236			
I hereby declare that all statements made herein of my own statements were made with the knowledge that wiliful false United States Code, and that such willful false statements m SIGNATURE OF INVENTOR 201			statements and the like so made are punishable by		n information and belief are believed to be true; and further that these of fine or imprisonment, or both, under section 1001 of Title 18 of the ent issuing thereon.  SIGNATURE OF INVENTOR 203					
DATE			DATE DATE			DATE				

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203		
DATE	DATE	DATE		